

# EXHIBIT A

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: DECEMBER 18, 2007

*Moluan*  
FROM: ADMINISTRATIVE REMEDY COORDINATOR  
NORTHEAST REGIONAL OFFICE

TO: KAREEM MILLHOUSE, 59904-066  
PHILADELPHIA FDC UNT: 5 SOUTH QTR: Z02-822LDS  
P.O. BOX 572  
PHILADELPHIA, PA 19106

*mailed m 12-19-07*

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 429297-R1 REGIONAL APPEAL  
DATE RECEIVED : DECEMBER 17, 2007  
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: YOU SUBMITTED YOUR REQUEST OR APPEAL TO THE  
~~WRONG LEVEL.~~ YOU SHOULD HAVE FILED AT THE  
~~INSTITUTION,~~ REGIONAL OFFICE, OR CENTRAL  
OFFICE LEVEL.

REJECT REASON 2: SEE REMARKS.

REMARKS : THIS ISSUE MUST FIRST BE ADDRESSED BY THE WARDEN.

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: MILHOUSE KARTEM H. 59904066 SHU FDC Phila  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL I attempted in formal resolution for inadequate medical care but was blocked by unit team.

I want adequate medical care.

12-6-07

DATE

KH milhouse

SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 429297-R1

Part C - RECEIPT

CASE NUMBER: \_\_\_\_\_

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

